



APPLICATION FOR REVIEW OF ELIGIBILITY EVALUATION REPORT FOR THE SEISMIC MITIGATION PROGRAM

Please Print or Type all Information – or you may fill out on-line and print for signatures
ALL FIELDS MUST BE FILLED IN PER [INSTRUCTIONS](#)

1. **School District:** _____
Mailing address: _____

_____ CA _____
2. **Dist. Superintendent:** _____
Name Telephone e-mail
3. **Dist. Facilities Dir. or Contact:** _____
Name Telephone e-mail
4. **Name of Campus:** _____
5. **School Address:** _____
_____ CA _____
6. **County of:** _____
7. **Name of Building:** _____
8. **Building Use:** _____
9. **Project Tracking Number (PTN):** _____
10. **Approx. Total Floor Area (Sq. Ft.):** _____

11. **Applicant's Statement of Responsibility:** I certify that I am acting for the School District in the legal capacity of an agent making this application.

Signature of Applicant: _____ **Date:** _____

12. **Name of Applicant :** _____ **Title:** _____
(Please Print)

13. **Mailing Address** (if Applicant different from name shown in #1 or #15):

CA				
DSA USE ONLY				
DATE APPL. REC'D	DATE FEE REC'D	APPLICATION COMPLETE ?	<input type="checkbox"/> No	DATE RETURNED:
			<input type="checkbox"/> Yes	Name of Reviewer:
DATE REVIEW COMPLETED:	DSA CONCURRENCE ? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON, IF NO:		
DSA LETTER:	ELIGIBILITY <input type="checkbox"/> Acceptance <input type="checkbox"/> Rejection	REPLACEMENT <input type="checkbox"/> Acceptance <input type="checkbox"/> Rejection		
DATE SENT:				



FORM
DS A-4
9/11

Print or type name of Structural Engineer	E-Mail Address	CA Reg. No.
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Telephone No.	Extension	Fax No.	E-mail address
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CA Reg. No. Tel. #

Name: _____ e-mail _____ Fax # _____

CA Reg. No _____ Tel. # _____

Name: _____	e-mail _____	Fax # _____
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Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA) i.e. Form DSA-4 (Revision of 09-2011). In the event a conflict should exist, the language in the **current** DSA form will prevail.